

## **BETRAYAL OF TRUST: the experiences of adult women victim/survivors of child sexual assault**

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### **(Section 3 C: Domestic violence and child protection issues)**

This paper aims to explore the collective experiences of adult women victim/survivors of childhood sexual assault who contact our service seeking support and counselling in relation to the impact of sexual assault on their lives. I will briefly address some of the common effects of sexual assault and the societal responses to adult victim/survivors of child sexual assault. The paper will also briefly touch on the particular practice issues for service providers in the field who are working with adult victim/survivors of childhood trauma.

### Overview of CASA

I would just like to provide you with a brief overview of the services offered by CASA House, which is one of 15 Centres Against Sexual Assault in Victoria. The Centre provides a 24 hour crisis care service to recent victim/survivors of sexual assault, counselling/advocacy and groupwork, and a public advocacy component which includes community and professional education and training, ongoing research and analysis of particular issues pertaining to sexual assault including input into policy and legislative reform. The feminist philosophy and practice of CASA House is based on a victim's rights/advocacy model of service delivery, which recognises sexual assault as a human rights violation and a crime against the individual and the whole community. We work with both adult victim/survivors of past and recent sexual assault; however, the most frequent reason for service-users accessing our service is in relation to their experiences of child sexual assault. This currently makes up approximately 70% of all our service-users.

## Definition

A shared understanding of sexual assault can be useful in exploring the impact of this crime. The following definition is used at CASA House: Sexual assault includes any unwanted sexual behaviour that makes a person feel fearful, uncomfortable or threatened. It includes any sexual activity that a person has not freely agreed to. All forms of sexual assault are criminal and responsibility lies solely with the offender.

Child sexual assault usually committed by a person who is in a position of power and trust in the child's life. It can involve direct physical contact or non-contact. It involves intent, careful planning and ongoing evaluation on the part of the offender. The abuse is not impulsive. Sexual contact between an adult or older adolescent and a child is clearly exploitative regardless of the circumstances in which it occurs, and there is never any excuse.

## Stats and Facts

The awful prevalence of sexual assault in Australia demonstrates the continued need for the entire community's attention to this issue and ongoing efforts to address its causes as well as work towards its elimination. It has been estimated that one in three girls and one in nine boys will be sexually assaulted before the age of 18 (Goldman, 1986). Research indicates that 80% of childhood abuse is carried out by a parent, relative or someone known to the child (Finney, 1990) and over 50% of all assaults take place in a private home (Australian Bureau of Statistics, 1996). Recent research undertaken by the National Crime Prevention Taskforce (2001), initiated by the Federal Attorney General's department, into the experiences and attitudes of Australian youth towards family violence refers to sexual assault as 'the most disturbing and relevant issue to young people today'. However, the extent of sexual violence in Australia remains somewhat hidden, as available data significantly under represents the actual levels of sexual assault in the community, due to low report rates.

In Victoria, Police crime statistics for 2000/01 show that of the nearly 5,000 reported sexual assaults in this 12-month period, 83% of victims were female (Thomson, 2001). Research undertaken by the National Association of Services Against Sexual Violence also demonstrates that females are the most likely targets of sexual assault, and approximately 96% of all offenders are male (NASASV, 1998). As the category of

'victim/survivor' is overwhelmingly made up of women and children, in this paper I will refer to victim/survivors of sexual assault as 'she'. However, I also recognise that both victim/survivors and offenders can be of either gender.

I will now move onto to identify some of the common effects of child sexual assault and societal responses to victim/survivors. It should be remembered however, that there is no such thing as a 'typical victim/survivor'. "Each survivor has her own individual and personal experience of the trauma, hence each woman will respond according to her own background and past experiences, and will call upon her unique combination of strength and skills in order to survive" (Scott et.al, 1995:57).

#### Societal implications and common impacts on victim/survivors

It is difficult to acknowledge that widespread sexual assault of children continues to occur in our communities. Throughout most of this century, child sexual assault was either simply ignored or elaborately reconstructed - either it didn't happen or all children tended to imagine it (Salter, 1995). Society has successfully eluded itself regarding the issue of family involvement for many centuries and consequently victim/survivors have been faced with implicit denial as many people around them act as though nothing has happened. As renowned therapist Anna Salter (1995:123-124) accurately depicts historically victim/survivors 'have been faced with a terrible choice: side with the shared reality; repress, or at least suppress as deeply as possible and tell herself that nothing happened, or cling to her reality at the expense of a consensual world'. The secrecy and collective denial surrounding sexual assault compounds the common feelings experienced by many victim/survivors including self-doubt, confusion, guilt and shame and fear that they are going crazy.

The reality is that most of us would like to believe that sexual assault doesn't happen very often. If such terrible things can happen then they can happen to us, or someone we know. "As human beings we need to feel that if we are strong enough, careful enough or smart enough we can make the world a safe and happy place" (Matsakis, 1997). These beliefs are also deeply embedded in many v/s of child sexual assault who frequently question their own reactions to the assault. During my 5yrs at CASA House I have often heard survivors say, "I know I was young but I was a very intelligent child. Why didn't I do something to stop it from happening? Why wasn't I more careful? Why didn't I try to get away or fight back?"

Coupled with this is an overriding sense of grief and loss for the life that they might have had without the trauma of sexual assault.

Many adult victim/survivors of child sexual assault that attend CASA House tell us of their experiences of being blamed, ridiculed or shunned when they have tried to disclose. Yet speaking the truth about what happened is vital to recovery and aids in eroding the shame and silence that surrounds this heinous crime. Although there is now greater awareness within the community about why victim/survivors don't disclose, there is still enormous pressure placed on survivors to take action or report. However, knowing or having a prior relationship with the offender is usually where the difficulties surrounding 'getting justice' begin for many victim/survivors as low conviction rates continue to demonstrate. Some of the valid reasons why survivors don't disclose or report include the fear of the repercussions, intense feelings of guilt and shame, and because as children many did not have the language to describe what was happening to them or felt afraid that they would not be believed.

The damaging effects of child sexual assault often persist into adulthood, partly because, as children, many victim/survivors were unable to process their experiences of violation and betrayal. The sexual abuse of children usually involves progressive intrusion, via a series of gradual and deliberate steps on the part of the offender to build trust and befriend the child. Abusers use strategies to convince the child that they are to blame for what is happening to them and that something awful will occur to them or someone else if they tell. The offender's use of active initiation, force and authority to instil fear, are central to the abusive relationship, which is frequently surrounded by secrecy. For many victim/survivors the assault is not an isolated event but occurs over a period of months or years.

The false view that survivors somehow cause the abuse unfortunately continues to be perpetuated in our society, confusing them even more (Maltz, 1992). It is not surprising then, that victim/survivors frequently internalise the offender's belief system - that they are worthless; that they wanted the abuse and that they are responsible for it. Children may believe they deserved it as a form of punishment for misbehaving. Consequently, they are left with an inaccurate and distorted picture of the abuse and of themselves. When victim/survivors internalise an offender's belief system they are immediately removed from the reality of their own feelings. As service providers, our task in the counselling process is to find a way of countering the internalised negative self-image and easing the sense of

shame, by placing the responsibility where it belongs. Recognising and releasing herself from these false and hurtful messages that she may still be carrying as an adult are important aspects of the recovery process.

The adult survivors that attend CASA House often contact at a point where they are just beginning to speak about their experiences and address the impact on their lives now. I will now move on to briefly outline some of the practice issues facing service providers working with survivors of sexual assault and trauma.

#### Practice issues: Working with victim/survivors of trauma

Child sexual assault is categorised under the extensive literature around post traumatic stress disorder, as a traumatic event in which a person experiences, witnesses or is confronted with events that involve actual or perceived serious harm, death or a threat to the physical integrity of self or others (Fullerton and Ursano, 1997:3). A person's responses to trauma usually involve feelings of intense fear, helplessness and horror. In children this may be expressed by apparent dis-organized or agitated behaviour. Studies with survivors of sexual assault suggest that many experience persistent symptoms of posttraumatic stress (Herman, 1992). Post-traumatic stress is a condition generally understood as a series of psychological and emotional responses to extreme distress. An individual develops a host of re-experiencing, avoidance and hyper-arousal symptoms that are psychological or emotional in origin. This is evident in victim/survivors who re-live the abuse in the form of flashbacks and nightmares, which is sometimes triggered by particular stimuli, that reminds them of the original traumatic incident. In working with this issue, re-assurance and grounding techniques can be useful as they assist the woman to distinguish between the past and the present and to focus herself on her immediate surrounding environment. Recognising child sexual assault as an extremely traumatic event that is intentionally designed to produce ongoing psychological trauma can enhance our understanding as service providers of the long-term impact of this crime.

Traumatic experiences (such as child sexual assault), call into question basic human relationships and breach the attachments of family, friendship, love, community and a sense of belonging" (Herman, 1992:61). Sexual assault destroys fundamental assumptions about safety, security of person and the positive value of self. It interrupts normal developmental tasks such as developing a sense of autonomy, initiative, competence, and intimacy. The betrayal of trust that takes place when a child is assaulted

creates difficulties for in trusting their own reactions, thoughts, feelings and perceptions. In the aftermath of trauma, rebuilding some form of trust in self and others is a primary task, as well as ensuring safety” (Herman, 1992:58).

Ensuring that she regains a sense of control and safety in the counselling process can assist in rebuilding trust. This can be facilitated by providing her with information about the service, explaining our approach, openly acknowledging the power differential between service provider and service user, outlining her rights and options, explaining the concept of confidentiality and encouraging her to identify the issues she would like to focus on now. Such an approach recognises that ‘no intervention that takes power away from the victim/survivor can be of assistance in her recovery regardless of how much it appears to be in her best interests’ (Herman, 1992:154).

As trust is learnt in childhood, this frequently becomes a major issue for adults who are sexually assaulted as children. As Patricia Eastal (1994:31) aptly describes, “when a child whose trust has been violated grows up, she has learned the rule of ‘don’t trust well’. She has developed a deep sense of all encompassing shame, which is antithetical to self esteem and self acceptance, - all helpful qualities in maintaining functional adult relationships.” To stay safe, some survivors stop taking chances and learn to expect little from others. If they expect nothing then they can’t be disappointed, and if they don’t want or need anything from anyone, they can avoid potentially abusive reactions to their needs. Whilst these survival skills have helped many victim/survivors stay safe, they may not be of assistance, in the long term. Encouraging the development of new coping strategies is extremely important as survivors reassess the usefulness of prior coping patterns and prepare for adjustment.

Unlike popular beliefs or misconceptions that suggest that many victim/survivors either make it up or exaggerate the facts, in my experience, it is actually quite the opposite. It is quite common for victim/survivors to minimise their experiences of abuse and doubt their own perceptions. In my work at CASA, I have frequently heard service-users describe their abuse in terms such as - ‘it wasn’t really that bad’; or ‘it doesn’t matter now because it happened along time ago’ and ‘I’m sure there are other people who have been through much worse than me’. A double standard seems to apply when it comes to recognising the seriousness of their abuse. They may feel more compassion for a close

friend or sibling who has been assaulted, than they do for themselves. Yet all forms of sexual assault are harmful and as noted earlier, the traumatic effects do not end when the abuse stops. These observations are in line with many studies which highlight the tendency of many survivors to down play the effects of the abuse which are often more serious than acknowledged (Russell, 1986).

These reactions are consistent with the traumatic stress response, because in order to survive the repeated or progressive abuse, victim/survivors frequently deny, dissociate and repress the experience and their reactions to it. This disconnection is a useful survival strategy, which enables the victim/survivor to cope initially, but it also marks the reactions to the trauma, and sometimes prevents full resolution (Courtois, 1988). Naming the experience and acknowledging the impact, as well as exploring 'the broader picture' or the historical/structural context surrounding this crime, can be useful in assisting the victim/survivor to come to terms with their abuse.

As many survivors have received very little or no support/validation prior to their contact with a service, the initial reaction they receive at the point of contact with a service or professional is particularly significant. Much of the literature indicates that the long-term negative effects of child sexual assault are lessened if the abuse is detected and stopped during childhood and the child receives adequate care, protection, validation and support. Lasting emotional distress is most likely to occur when disclosure is met with disbelief or where the abuse remains secret or undetected. The first response will ultimately decide what needs the victim/survivor may have for ongoing counselling. Importantly, victim/survivors need a response that is different from those of disbelief, silence, rejection or outright blame and judgement. As service providers we should never underestimate how difficult it is for victim/survivors to disclose or enter into a process of counselling and healing. It is important that we as service providers remember that child sexual assault is a particularly silencing experience, and the intensity of violation experienced often leaves survivors with a strong sense of distrust towards others.

Addressing the effects of child sexual assault is a painful process, whereby survivors are faced with processing the feelings related to their experiences of violation. The process of active healing usually involves re-establishing a sense of safety and control in life; which may involve reinstating personal boundaries and learning to self care (Kritsberg, 1993), remembrance and

mourning; which may involve releasing emotions associated with the abuse; and reconnection with everyday activities (Herman, 1992) which may involve integrating the past trauma into their current lives. Reconnection can also include an array of tasks such as establishing quality relationships in adult life, involving oneself in other activities besides the counselling process, and reclaiming personal power or an enhanced sense of self.

In closing it is important to emphasise that each victim/survivor will pass through the healing process at their own pace and in a way that is best suited to them. Their capacity for recovery should never be underestimated as many women continue to demonstrate the ability to overcome the damaging effects of this crime. Deep and lasting changes are possible for survivors as they become aware of and able to draw on the vast range of internal resources and strengths that they have developed throughout their lives in order to challenge the impact of sexual assault.

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